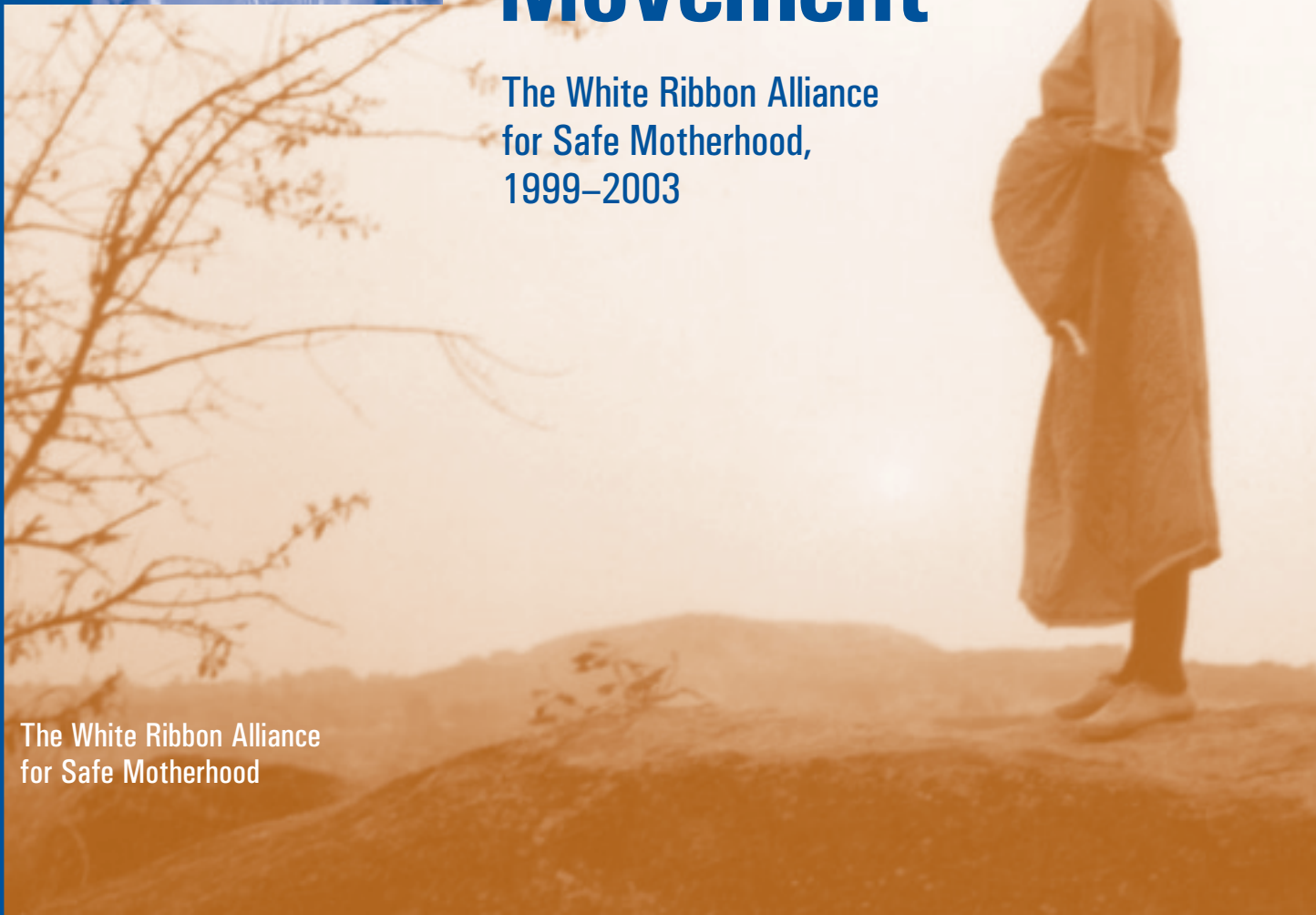




Building a Global Movement

The White Ribbon Alliance
for Safe Motherhood,
1999–2003



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The White Ribbon Alliance for Safe Motherhood is a coalition of international organizations formed in 1999 to raise awareness of the need to make pregnancy and childbirth safer for all women in both developed and developing countries. The Alliance envisions broad-based, collaborative efforts among international organizations, government organizations, and nongovernmental organizations and community-based organizations in developing countries to decrease maternal mortality through shared resources and experiences. www.whiteribbonalliance.org

The Maternal and Neonatal Health (MNH) Program is committed to saving mothers' and newborns' lives by increasing the timely use of key maternal and neonatal health and nutrition practices. The MNH Program is jointly implemented by JHPIEGO, the Johns Hopkins University/Center for Communications Programs, the Centre for Development and Population Activities, and the Program for Appropriate Technology in Health. www.mnh.jhpiego.org

NGO Networks for Health (*Networks*) is an innovative 5-year global health partnership created to meet the burgeoning demand for quality services and information in family planning plus safe motherhood, child survival, and HIV/AIDS (FP/RH/CS/HIV), among under-served communities. Through this United States Agency for International Development (USAID) funded initiative, five leading private voluntary organizations—Adventist Development and Relief Agency (ADRA), Cooperative Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH) and Save the Children US—began working in partnership in June 1998. *Networks* ends in August 2003. www.ngonetworks.org

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Published by:

JHPIEGO
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231-3492, USA
www.jhpiego.org

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San Bernardino Coalition for Safe Motherhood

This publication was made possible through support by the Bureau for Global Health, United States Agency for International Development (USAID) under terms of Award No. HRN-A-00-98-00011-00/NGO Networks for Health (Networks) and Award No. HRN-A-00-98-00043-00/Maternal and Neonatal Health Program. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

May 2003

ACKNOWLEDGMENTS

The White Ribbon Alliance for Safe Motherhood (WRA) acknowledges the following individuals and organizations that contributed to this publication. Without their support, time, and interest, this publication would not be possible.

Deborah Armbruster
Patricia Caffrey, NGO Networks for Health
Centre for Development and Population Activities (CEDPA)
Sandra Crump, JHPIEGO
Kathleen Hines, JHPIEGO
Lily Kak, USAID
Marjorie Koblinsky
Alexandra Lockett
Karen Lombardi
Maternal and Neonatal Health (MNH) Program
NGO Networks for Health
Maria Nagorski
Angela Nash-Mercado, MNH Program
Elizabeth Ransom, Population Reference Bureau
Judith Robb-McCord, MNH Program
Nancy Russell, MNH Program
Theresa Shaver, NGO Networks for Health
Cecilia Snyder, Communications Consortium Media Center (CCMC)
Mary Ellen Stanton, USAID
Patricia Stephenson, USAID
Donna Vivio, MNH Program
Alicia Weiss, NGO Networks for Health
Indonesia White Ribbon Alliance for Safe Motherhood
Safe Motherhood Network of Nepal
White Ribbon Alliance for Safe Motherhood Bolivia
White Ribbon Alliance for Safe Motherhood India
White Ribbon Alliance for Safe Motherhood Koupéla—Burkina Faso
White Ribbon Alliance for Safe Motherhood Malawi
White Ribbon Alliance for Safe Motherhood Nepal
White Ribbon Alliance for Safe Motherhood/Vietnam
Zambia White Ribbon Alliance for Safe Motherhood

A very special thank-you to the following individuals who provided information and were interviewed for the completion of this publication: Kwasi Amenuvor, Hannah Ashwood-Smith, Dr. Nguyen Thi Hoa Binh, Martha Bokosi, Evi Douren, Aparajita Gogoi, Rick Hughes, Imtiaz Kamal, Lennie Kamwendo, Kumbukani Kuntiya, Sri Kusyuniati, Yeny Levano, Marta Levitt-Dayal, Beena Mahat, Professor Tran Thi Phuong Mai, Peg Marshall, Sujan Onta, Catharine Pownall, Tambudzai Rashidi, Bebesi Samwanda, Grace Singyagwe, Julie Marsaban Stirling, Bina Tapa, Tatat Utami, Bui To Van, Adelcy Wallauer, Jeremie Zoungrana

LIST OF ABBREVIATIONS

ADRA	Adventist Development and Relief Agency
CA	Cooperating agency
CARE	Cooperative Assistance and Relief Everywhere
CCMC	Communications Consortium Media Center
CEDPA	Centre for Development and Population Activities
CORE	Child Survival Collaborations and Resource Group
DFID	Department for International Development
FCI	Family Care International
IAG	Safe Motherhood Inter-Agency Group
IEC	Information, education, and communication
INGO	International nongovernmental organization
IWRA	Indonesia White Ribbon Alliance for Safe Motherhood
MNH	Maternal and Neonatal Health Program
NGO	Nongovernmental organization
NGOCC	NGO Coordinating Committee
PATH	Program for Appropriate Technology in Health
PVO	Private voluntary organization
SMI	Safe Motherhood Initiative
SMN	Safe Motherhood Network Nepal
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	White Ribbon Alliance for Safe Motherhood
WRA/VN	White Ribbon Alliance for Safe Motherhood/Vietnam
WRAI	White Ribbon Alliance for Safe Motherhood India
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association
ZWRASM	Zambia White Ribbon Alliance for Safe Motherhood

PREFACE

For a majority of women around the world, pregnancy and childbirth are normal, healthy, and often happy experiences. For an unacceptably high number of women and newborns, however, pregnancy and childbirth can mean death or long-term illness resulting from normally preventable complications. Nearly 600,000 women die from complications of pregnancy each year; and for every woman who dies, approximately 30 more suffer injuries, infection, and disability during pregnancy or childbirth. Ninety-nine percent of maternal deaths occur in the developing world, making maternal mortality the health indicator that reveals the largest disparity between developing and developed countries, especially in sub-Saharan Africa and Asia.¹ Although one woman in 4,000 in northern Europe risks dying from pregnancy-related causes, one woman out of every 16 in Africa and one in every 21 in Asia die of pregnancy-related causes. Most of these deaths are caused by socio-cultural factors, poor health, and lack of access to healthcare—circumstances and conditions that could and *should* be prevented.

It is within this global context that the Safe Motherhood Initiative (SMI) was launched in Nairobi, Kenya, in 1987. Its goal was to reduce maternal mortality by half by the year 2000. Unfortunately, however, maternal mortality did not decline: Every minute somewhere in the world one woman dies from a pregnancy-related complication.²

In 1997, the SMI convened a technical conference in Colombo, Sri Lanka, to review lessons learned in its first 10 years, and to set the focus of future work in safe motherhood. Ten action messages were produced, including one calling for alliances between governments, policymakers, nongovernmental organizations, and citizens: “Safe motherhood must be a priority for governments, policy makers, health providers, and for civil society at large. Alliances need to be formed, not only among advocates for human and women’s rights, but also with men’s groups and religious groups, with non-governmental organizations, donors, and other sectors of government as well.”³

In 1999, in part as a response to this message, a dedicated group of international professionals based in the United States created the White Ribbon Alliance for Safe Motherhood (WRA). The founders of the WRA recognized that a large, united, and multi-sectoral effort was essential if women were to cease dying needlessly in pregnancy and childbirth. They agreed that there was a pressing need for a powerful and unifying symbol to focus the world’s attention on reducing maternal and newborn mortality and morbidity. A white ribbon was selected to represent and memorialize all of the women who die unnecessarily from pregnancy-related complications.

¹ Ransom E and N Yinger. 2002. *Making Motherhood Safer: Overcoming Obstacles on the Pathway to Care*. Population Reference Bureau: Washington, DC.

² Inter-Agency Group for Safe Motherhood website (www.safemotherhood.org), February 2003.

³ *The Safe Motherhood Action Agenda: Priorities for the Next Decade, Report on the Safe Motherhood Technical Consultation, 18–23 October 1997, Colombo, Sri Lanka* (Inter-Agency Group for Safe Motherhood: New York, 1997).

Within 6 months of its founding, the WRA established a Global Secretariat at NGO Networks for Health in Washington, D.C., and alliances were initiated in Indonesia, India, and Zambia. At the end of its first year, the WRA was invited to present its initial work at the Global Health Council's annual conference in Washington, D.C. In addition, three countries carrying out WRA activities were honored for finding

Safe motherhood is a human right...if the system lets women die, then the system has failed. Our task and the task of many like us...is to ensure that in the next decade safe motherhood is not regarded as a fringe issue but as a central one.

James Wolfensohn, President of the World Bank, "Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF" (Geneva: WHO, 1996).

creative ways to use the white ribbon to expand their safe motherhood initiatives. The WRA has since grown from a small campaign to a global movement with a call to action that represents the input of technical experts, rural and urban communities, and district and national alliances in 23 countries.

Using the principles of social mobilization, the WRA has continued to form multi-sectoral partnerships and to increase civil society involvement in safe motherhood. By

working with existing groups and new members, the WRA has leveraged resources, increased awareness of safe motherhood, and built political and popular will from the ground up. The WRA has become an international movement with a powerful call to action for its members and policymakers worldwide.

This report documents the development of the WRA and shows how this grassroots movement has inspired and ignited individuals, governments, and others around the world to action for safe motherhood.

BUILDING A GLOBAL MOVEMENT

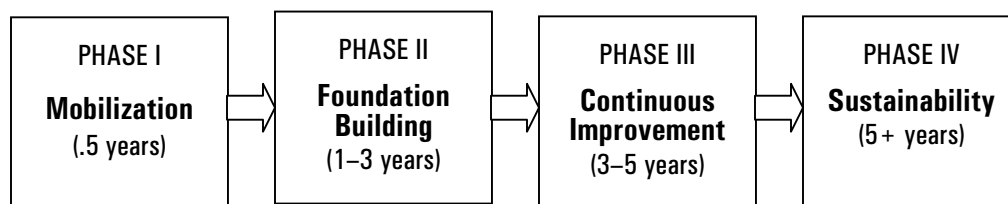
INTRODUCTION

The White Ribbon Alliance began in 1999 as an informal coalition of nongovernmental organizations (NGOs) and donors who wanted to work together and with their global partners toward the common goals of mobilizing grassroots efforts, generating worldwide attention, and making safe motherhood a priority for governments, donors, and international organizations. Although the Alliance began as an organic movement, without a formal structure, it grew quickly and soon added governance structures, such as a Global Secretariat, to aid in decision-making and information sharing. Today the WRA continues to rely heavily on grassroots efforts at the local and national levels, while also building its capacity at the global level through new governing bodies for decision-making and strategic planning.

The WRA's growth and development has followed the typical pattern of network development described by NGO Networks for Health, host of the Global Secretariat for the WRA's first 3 years.⁴ This report looks at the WRA's achievements through the lens of the NGO Networks framework, and considers where the Alliance is in its growth process, where it is headed in the future, and what lessons have been learned along the way.

The Four Phases of the WRA's Development

The NGO Networks for Health conceptual framework for network development describes four functional phases that typify the way most successful networks develop over time, particularly those networks that begin and are organized around a vision or need. These four phases are also applicable to the development of the WRA.



The focus of Phase I (Mobilization) is on raising awareness and exploring the level of interest and commitment of partners and stakeholders. The focus of Phase II (Foundation Building) is on creating a shared vision and goals, agreeing on programmatic focus, developing a governance structure, developing strategic plans and technical approaches, and beginning to build capacity. In Phase III (Continuous Improvement), networks work on increasing their effectiveness, with an emphasis on expanding and improving the quality of their programs and services and documenting

⁴ NGO Networks for Health. 2000. "NGO Networks for Health Approach to Network Development." Washington, DC. Unpublished report.

their work and its impact. Finally, in Phase IV (Sustainability), networks are engaged in decision-making and planning to achieve long-term financial and programmatic goals.

The process described in this model is fluid. Timeframes ascribed to each phase may vary greatly depending on a network's characteristics, and the phases may overlap. As networks progress through the phases, they may return to or continue to address issues raised in earlier phases. It is up to network leaders to determine which action to take during each phase, the process they would like to use, the type of technical assistance and support they require, and the appropriate way to “phase in” activities.

PHASE I: MOBILIZING THE WHITE RIBBON CAMPAIGN

The White Ribbon Alliance was launched as the “White Ribbon Campaign” at the Child Survival Collaborations and Resource (CORE) Group’s 1999 workshop, “Effective Strategies to Promote Quality Maternal and Newborn Care.” The participants represented international nongovernmental organizations (INGOs), private voluntary organizations (PVOs), the United States Agency for International Development (USAID), United Nations (UN) agencies, and the Inter-Agency Group for Safe Motherhood (IAG)—all working in the field of maternal health. In 1999,

after a poll of the membership, the campaign organizers agreed to call their coalition the White Ribbon Alliance for Safe Motherhood.

The focus of Phase I (Mobilization) is on raising awareness and exploring the level of interest and commitment of partners and stakeholders.

In 1999, there was an urgent need for more international and national public awareness of safe motherhood. The workshop

participants agreed on the need for a unifying visual symbol to promote safe motherhood worldwide and recognized that other public awareness movements in health gained significant public attention by using a symbolic ribbon (e.g., the red ribbon for AIDS awareness, and the pink ribbon for breast cancer awareness). The symbol chosen for the campaign—the white ribbon—was dedicated to the memory of all women who have died in pregnancy and childbirth and to all those whose lives could have been saved. The color white was selected because it symbolizes both grief and hope.

Within days of agreeing on the symbol, members of the informal coalition of workshop participants—including the Global Health Council, the Centre for Development and Population Activities (CEDPA), and the CORE Safe Motherhood/Reproductive Health Working Group—decided to use the upcoming Mother’s Day to raise awareness of safe motherhood with members of the U.S. Congress. They quickly produced white ribbons, chose the theme *Unsafe Motherhood is Unacceptable*, and convened a press conference on Capitol Hill to introduce the new symbol and call attention to the issue of needless and preventable maternal deaths worldwide. White ribbons were also distributed with a flyer on international maternal mortality statistics to members of the U.S. Senate.

The First Working Group

After the CORE workshop, a small working group of interested individuals and organizations formed to make further plans for the White Ribbon campaign. Drawing on the lessons learned from previous safe motherhood activities, they agreed that a single organization, acting alone, could not address the global tragedy of maternal mortality. They needed to build a large, united, and multi-sectoral effort to respond to the lack of information at the grassroots level about safe motherhood and how to prevent maternal deaths. Their challenge was to raise awareness among communities, policymakers, and other stakeholders (including healthcare providers) that maternal deaths are preventable, that women do not have to die in pregnancy or childbirth, and that they can do something to reverse this trend.

Between June and November 1999, the working group met twice a month to map out a purpose, strategy, and plan of action. They also developed initial agreements and action steps for the member organizations, which helped to build the strong foundation of the WRA. In August, they convened a meeting of 35 participants from PVOs, NGOs, UN agencies, academic and research groups, and USAID to develop and agree on the goals, initial safe motherhood messages, and activities for the campaign's first year. The member organizations immediately began to promote and spread the idea of the white ribbon within their organizations and to their field offices, partners, and donors worldwide.



Photo: Angela Nash-Mercado

Quilt designed by children for the Zambia White Ribbon Alliance for Safe Motherhood

Social Mobilization: The Key Approach

From the outset, the WRA's strategies focused on increasing awareness among stakeholders at all levels, including policymakers, legislators, NGOs, healthcare providers, communities, and men, women, and children. To increase awareness, the WRA began using a social mobilization approach, emphasizing both communication and advocacy. Social mobilization is a process that enables people in different sectors and at various levels of society to engage in dialogue, negotiation, and collective action. The purpose of social mobilization is to bring organizations, policymakers, and communities together to forge a collective identity and to work toward a common goal.

By the end of its mobilization phase, the WRA had begun to build awareness and form coalitions with partners throughout the world, which would lead to action-oriented initiatives in subsequent years. Through these new relationships, the Alliance established three primary goals:

Social Mobilization involves planned actions and processes to reach, influence and involve all relevant segments of society across all sectors from the national to the community level, in order to create an enabling environment and effect positive behavior and social change.

Social Mobilization for Reproductive Health: A Trainers Manual, CEDPA 2000.

- **To raise awareness of safe motherhood** among citizens, INGOs, government agencies, and NGOs and community-based organizations in developing countries.
- **To build national and local alliances to save women's lives** through broad-based partnerships among organizations and individuals representing a range of sectors (e.g., health, education, human rights, religion, government).

- **To act as a catalyst for action** to address the tragedy of maternal deaths and expand current safe motherhood efforts.

From the start, the WRA has worked in collaboration with the Inter-Agency Group on Safe Motherhood and other national safe motherhood initiatives. The WRA complements their work by building and strengthening grassroots constituencies to support effective safe motherhood programs, policies, and practices.

PHASE II: BUILDING A FOUNDATION THROUGH GLOBAL AND NATIONAL ALLIANCES

In its first year, the White Ribbon Alliance began to lay the foundation—through global leadership, governance structures, and establishing a presence in several

The focus of Phase II (Foundation Building) is on creating a shared vision and goals, agreeing on programmatic focus, developing a governance structure, developing strategic plans and technical approaches, and beginning to build capacity.

countries—to support its rapid expansion. Initial funding was allocated by USAID for use by the WRA's member organizations, specifically the Maternal and Neonatal Health (MNH) Program, NGO Networks for Health, and CEDPA, to work in countries to build the capacity of local staff, organize activities, and establish and support national- and district-level secretariats.

Forming Committees for the Global Alliance

Initially, a steering committee of founding and new members was established to guide the development of the WRA. The steering committee met five to six times per year to make decisions about the governance of the WRA. The committee had an open-door policy in order to cultivate commitment and a stake in the outcome, develop clear roles and policy guidelines, establish accountability mechanisms and decision-making processes, maintain flexibility and adaptability, and manage relationships and power dynamics. In addition, three subcommittees were formed to carry out specialized work: a domestic mobilization subcommittee, an international subcommittee, and a legislative subcommittee.

Over time, as the needs of the Alliance changed, the subcommittees were refocused accordingly. Currently, the steering committee and the following three subcommittees are active:

- ‘ ‘ **International subcommittee:** Finds ways to give national alliances information and tools to promote safe motherhood and encourages linkages between and among members worldwide.
- ‘ ‘ **Legislative action group:** Undertakes specific actions to urge the U.S. public and members of the U.S. Congress to make maternal health a global priority and raises support for increased U.S. funding for maternal health globally.
- ‘ ‘ **Communications subcommittee:** Develops and promotes communications materials and a strategy and plan to promote the WRA’s messages to the national secretariats, the U.S. public, and U.S. and international media.

The Role of the Global Secretariat

In 1999, a Global Secretariat was established to fill the following needs:

- ‘ ‘ Facilitate broad information sharing and coordination, and eliminate duplication
- ‘ ‘ Serve as an important vehicle for mobilization of members and resources
- ‘ ‘ Provide the critical mass needed for policy and program advocacy
- ‘ ‘ Share technical information, materials, best practices, and lessons learned
- ‘ ‘ Help to leverage resources and cooperation from governments, donors, and private sector entities

NGO Networks for Health was selected by WRA members to serve as the host organization for the Global Secretariat. NGO Networks for Health’s organizational mandate matched the Alliance’s broad partnership model. Funding for the Global Secretariat was committed by USAID.

The WRA’s Global Secretariat helps to mobilize communities and members worldwide, acting as a coordinator and hub for the movement. By 2002, two full-time persons were staffing the Global Secretariat. Their work is supported by significant volunteer effort from the member organizations (for example, the members of the Alliance’s steering committee volunteer their time and efforts).

The Global Secretariat’s specific responsibilities and services include the following:

- ‘ ‘ **Membership:** To support, maintain, and expand the WRA membership.
- ‘ ‘ **Purpose and Objectives:** To develop a shared vision that binds the Alliance, define the scope of work, clarify boundaries, and help the partnership hold to its original intent.

- ‘ ‘ **Communications:** To develop strong interorganizational connections and an internal infrastructure to support the Global Secretariat’s staff and membership.
- ‘ ‘ **Funds:** To diversify and leverage additional funds in order to support and secure the Alliance for the future.
- ‘ ‘ **Monitoring and Evaluation:** To develop and test a core set of indicators for monitoring the performance of the WRA globally.
- ‘ ‘ **Structure:** To maintain a small administrative structure and to convene and facilitate working groups and subcommittees.

Establishing National-Level White Ribbon Alliances

Within the Alliance’s first year, the MNH Program introduced the WRA in Zambia, Burkina Faso, Indonesia, and Nepal, and CEDPA introduced the WRA in India. The MNH Program and CEDPA shared examples of other secretariats and governance structures that were working elsewhere, helping to guide new members in-country in establishing their new alliances. Each new country was encouraged to develop a process for creating its own identity, priorities, and strategies for improving maternal health and safe motherhood in their communities. The WRA stresses the importance of building the most effective partnership and grassroots efforts in each country or community. This flexibility encourages local ownership and optimal results at the community and grassroots levels, where women and infants can be reached.

The Global Secretariat and subcommittees have provided tools and information to support the formation of new alliances and activities worldwide. Within the first year, the WRA’s international subcommittee initiated the development of a field guide with basic safe motherhood information and ideas about how to initiate alliances and special events. The WRA’s international subcommittee initiated the global White Ribbon Contest, sponsored by the Global Health Council, and intended to encourage creativity and increase membership. The Alliance has also developed and disseminated a technical packet, “Community Works,” to ensure that grassroots groups have access to the latest technical information related to safe motherhood at the community level.

The Global Secretariat also supports information sharing between countries. For example, India developed a press packet that was adapted by Nepal. Zambia’s activity toolkit was translated and adopted in Burkina Faso. The MNH Program is currently gathering a variety of tools that will be consolidated, tested, and shared among WRA members.

The Example of the Nepal Safe Motherhood Network

The model used by the WRA to establish national alliances is based, in part, on the experiences of the Nepal’s Safe Motherhood Network (SMN). The SMN was established in 1996 in response to the nation’s high maternal mortality rate (and inspired by a successful awareness-raising event). The idea of using a special event as

a catalyst to form a network grew out of Nepal's success with National Condom Day in 1995. National Condom Day was attended by 4,000 men and women, and more than 20 organizations and government agencies continue to organize related events annually across the country.

Based on their experience with National Condom Day, safe motherhood advocates—including the Nepal Red Cross and CEDPA—decided to plan a national clean delivery day event the following year on International Women's Day. The Ministry of Health's Family Health Division and a coalition of 26 NGOs and INGOs mobilized their field staff and volunteers and organized programs to promote clean delivery in villages in 41 districts around the country. The participating organizations selected standardized messages and created communications strategies (puppet shows, rallies, street dramas, exhibits, and discussions) and educational materials (posters, stickers, flash cards, and clean delivery kits).

The overwhelming success of this event in reaching thousands of families, community leaders, politicians, donors, and government agencies inspired the organizers to form the SMN. The SMN convened a joint workshop with the Ministry of Health to discuss collaboration and enhancement of the government's safe motherhood program. The SMN agreed to focus its attention on the community and family levels to complement the government's plans to institute emergency obstetric care and primary healthcare at the hospital level. They agreed to work to:

- ‘ ‘ Raise awareness of safe motherhood issues,
- ‘ ‘ Coordinate program efforts to avoid duplication,
- ‘ ‘ Utilize a standard set of statistics for program purposes, and
- ‘ ‘ Identify and map resources at the district and local levels.

Based on the experience and success of the Nepal SMN, the WRA encourages national alliances to use many of the same principles in mobilizing communities and forming partnerships, including the following:

- ‘ ‘ Building awareness through events
- ‘ ‘ Using creative communications
- ‘ ‘ Working with the media for maximum impact
- ‘ ‘ Building member capacity
- ‘ ‘ Ensuring group ownership of all materials
- ‘ ‘ Using members' strengths
- ‘ ‘ Working with government counterparts and NGOs
- ‘ ‘ Engaging charismatic leadership and support
- ‘ ‘ Structuring alliances to promote a sense of ownership by all members

National Secretariats

One of the organizing structures used to establish national-level alliances is the national secretariat. Soon after the WRA was launched, member organizations provided initial funding for several national secretariats. By 2002, seven national secretariats were staffed and operating. INGOs played a significant role in building the capacity of these WRA secretariats to form new alliances and partnerships, move from awareness to action at the community, district, and country levels, and develop sustainable country-driven campaigns. Organizations such as CEDPA, the MNH Program, and NGO Networks for Health, using secretariat models from other coalitions and networks, have invested significant effort, time, and funding for the development of these national secretariats.

Countries with National WRA Secretariats:

- Ghana
- India
- Indonesia
- Malawi
- Nepal
- Vietnam
- Zambia

The functions of the secretariat vary by country, but in general secretariats provide a link to alliance members throughout the country so that members can collaborate, share resources, and prevent duplication of programs and materials. The secretariat also serves as a central hub for the

collection and dissemination of information, the organization and implementation of activities and events, and the encouragement of collaboration among members.

Each national secretariat establishes its subcommittees based on the needs and interests of its membership. The White Ribbon Alliance for Safe Motherhood/India (WRAI) has a number of subcommittees working on different issues such as emergency obstetric care, developing a safe motherhood best practices field guide, and guidelines for birth preparedness and life-saving skills at the family and community levels. In India, individuals and organizational representatives volunteer to work within these subcommittees. Members are given a specific mandate. The WRAI coordinator liaises with and helps to coordinate the subcommittees' activities and meetings. The proceedings of the subcommittee meetings are shared with the larger WRAI group. In Malawi, the WRA has established a fund-raising subcommittee to diversify their funding.

Other Alliance Structures

Many countries have organized alliances to address the issues of safe motherhood without establishing a national secretariat. Some have evolved organically as a result of member interest and commitment of resources. Many have organized under the guidance and leadership of individuals, midwifery associations, international PVOs, and ministries of health. The Global Secretariat encourages members to share information about different structures so that all members can choose to organize under the structure that is most suitable to its country and situation. Examples of the different membership models include the following:

- **Bolivia:** An international PVO (ADRA) is working with the local government in more than 100 villages.

- **Burkina Faso:** The MNH Program spearheaded the formation of the alliance by local staff at the district level in Koupéla.

- **Madagascar:** An international PVO (John Snow, Inc.) introduced the WRA to Madagascar where it was later organized and located within the Ministry of Health.

- **Nigeria:** Many local NGOs and international PVOs have organized independently at the local, district, and state levels.

- **Pakistan:** Individuals have joined together to discuss the formation and establishment of a WRA in Pakistan.

- **Philippines:** International PVOs (John Snow, Inc./Research Training Institute) and the Philippines Midwifery League have organized WRAs in districts and nationally.

- **Tanzania:** Individuals are starting to join together to discuss the formation and establishment of a WRA in Tanzania at either the national or local level.



Photo: Marianne Elias

Members of the community wear WRA t-shirts and carry banners in celebration of International Women's Day in Koupéla, Burkina Faso

How Secretariats Work: Two Success Stories

There is no blueprint or mandate for establishing and defining the role of a secretariat. Flexibility to meet the needs of the country or geographic area is key to the success of the various WRA secretariats. The White Ribbon Alliance for Safe Motherhood/India and the Zambia White Ribbon Alliance for Safe Motherhood are two national secretariats that have successfully organized their campaigns and made significant strides.

White Ribbon Alliance for Safe Motherhood/India

Shortly after the White Ribbon Alliance was established in 1999, CEDPA staff introduced the symbol at a meeting of NGOs and others involved in safe motherhood in India. In November 1999, the White Ribbon Alliance for Safe Motherhood/India (WRAI) was launched by 37 member organizations.

The WRAI formed quickly and was open to all stakeholders and interested groups or individuals. The WRAI conducted a strategic planning process, through which they adopted the global WRA's goals and developed the following priorities:



Photo: Sbehzad Noorani

Participants in April 2001 March to the Taj Mahal in Agra, India

- ‘ ‘ Raising awareness among families and communities
- ‘ ‘ Advocacy with policymakers and opinion leaders
- ‘ ‘ Dissemination of information on best practices for safe motherhood

To maximize their reach, the WRAI researched areas of India where there was a strong interest in improving the situation for pregnant women and newborns. In these areas, the WRAI set up district-level alliances. To further reach the

grassroots level and directly influence improved maternal health, the WRAI decentralized its efforts. Its member organizations are now establishing state- and district-level alliances. To date, there are six state-level alliances in operation in India.

One of the most effective organizing principles used by the WRAI was to begin with a press conference followed by a march. Such events are a central part of the WRAI and have always been owned, financed, and conducted by the WRAI's active members.

The WRAI has been able to exert considerable pressure on the Indian government, especially in the area of changing healthcare practices, and is now viewed as a partner in developing future governmental policies and programs for safe motherhood. For example, the WRAI has been promoting the use and training of skilled providers in maternal and neonatal health. As a result of its advocacy, the government of India is now experimenting with different types of skilled providers.

Volunteerism, inclusiveness, an open membership, and collaboration are among the most important guiding principles adopted by the WRAI's membership.

Perhaps most importantly, safe motherhood has returned to the government's agenda. In the 142 districts with less than 30 percent safe

delivery, the Indian government has launched many new safe motherhood initiatives. The WRAI has also been successful in advocating for the declaration of a National Safe Motherhood Day by the government of India.

The WRAI has achieved much, including the following key accomplishments, since its formation in November 1999:

- ‘ ‘ The first major march on the Taj Mahal in April 2001. More than 2,000 people participated and all wore white ribbons. A renowned film star, a member of parliament, and several government ministers led the march.

- The selection and use of annual campaign themes, which serve as the organizing tool for the year. For example, in 2001, the theme was “Safe Motherhood: Families Can Make a Difference.”
- The publication in 2002 of *Saving Mothers’ Lives: What Works—A Field Guide for Implementing Safe Motherhood Best Practices*, which included evidence-based practices and guidelines for safe motherhood.
- The planning and hosting of the first international White Ribbon Alliance Conference, *Saving Mothers’ Lives: What Works*, in New Delhi on 3–6 October 2002.

Zambia White Ribbon Alliance for Safe Motherhood

The Zambia White Ribbon Alliance for Safe Motherhood (ZWRASM) was initiated by eight Zambians from various NGOs and government organizations who were inspired to launch the campaign after participating in the NGO Networks for Health Safe Motherhood conference held in Nairobi, Kenya, in May 2000.⁵ Within 6 months of beginning deliberations, the ZWRASM was established. The decision was made to house the secretariat at the NGO Coordinating Committee (NGOCC), which provides office space and a location for hosting meetings. In addition, through the NGOCC, the MNH Program supported a full-time coordinator and operational costs to facilitate networking during the alliance’s developmental period.

Within one year, the alliance put maternal health on the national agenda by conducting a range of activities to sensitize policymakers and communities about the safe motherhood crisis. ZWRASM mobilized the Minister of Health to formally launch the White Ribbon in Lusaka in March 2001. Member organizations supported the printing and distribution of white ribbons, flyers, t-shirts printed with key safe motherhood messages, and a creative theatre performance (Theatre for Community Action). The theme of the launch was *Every Pregnancy Is At Risk*.

Unique Ways to Involve the Media

An innovative and unique approach to engaging the media in the safe motherhood campaign was initiated in 2001 in Zambia. The ZWRASM announced a competition to create awareness among journalists who have an analytical view and interest in reporting safe motherhood news and stories.

The competition generated 40 submissions (25 newspaper articles, 12 radio broadcasts, and 3 television news broadcasts) in a two-month period on a variety of relevant topics. The majority highlighted real life stories and case studies from rural areas. Many stories appeared in the local media.

The idea of engaging media in this fashion was presented at the 2001 WRA Conference in India and generated a great deal of interest among other WRA countries. Zambia has promised long distance encouragement and support to countries that adopt the idea.

⁵ This section draws on information submitted by the Zambia White Ribbon Alliance for Safe Motherhood for the 3rd Annual White Ribbon Contest.

The ZWRASM's social mobilization activities focus on birth preparedness and complication readiness. Activities have included a safe motherhood journalism competition, participation in World Population Day and International Nurses' Day activities, and participation in a national safe motherhood campaign on Mother's Day in 2002. The use of culturally appropriate drama and story telling continues to

be an effective strategy for educating and raising awareness among both men and women in the communities.



Photo: Rick Hughes

Women and healthcare workers march for safe motherhood in Lavimba, Zambia, on Mother's Day

The development of the ZWRASM has resulted from its participatory approach and the active engagement of its members in long-range planning. The alliance adopted a 5-year strategic plan including objectives, outputs, indicators, time frames, and responsibilities. At the first annual general meeting in June 2002, officers were elected and an operational plan and membership criteria were adopted. The ZWRASM successfully concluded an agreement with the United Nations Population Fund (UNFPA) to be an implementing partner in UNFPA's new 5-year country program,

carrying out social mobilization for safe motherhood activities in the Northwestern Province. The WRA Global Secretariat, with support from the MNH Program, has provided technical assistance and support to the organizers throughout this initial planning phase.

Galvanizing a Global Alliance: The First International WRA Conference

The WRA's foundation-building phase culminated with its first international safe motherhood conference, *Saving Mothers' Lives: What Works*, which was organized by the White Ribbon Alliance in India and held in October 2002.

The conference was a visible example of the WRA's principles and impact—a multi-sectoral and broad-based membership; inclusiveness and collaboration between members; maximization of member resources, contributions, and volunteers; and the exchange of experiences and information across countries. More than 500 participants representing 35 countries attended the conference. Participants included doctors, midwives, traditional birth attendants, government officials (local and national), academics and representatives of professional and grassroots organizations, religious groups, international and local NGOs, UN agencies, and individual champions for safe motherhood in developing countries.

During the conference, participants collaborated on a “Call to Action” that not only represents their consensus on the mission, vision, and goals for the Alliance but also has become the blueprint for the WRA's priorities and activities in the coming years (the Call to Action is included in the **Appendix**). Another inspiring outcome of the

conference was the Ribbon of Life Quilt, created by participants to share the stories of individuals and organizations that have saved a mother's or newborn's life. The quilt's 55 squares represent the dedication and commitment of individuals and organizations to promoting safe motherhood around the world. Young women from *Better Life Options for Adolescents*, a program run by PRERANA (an associate of CEDPA), volunteered to assemble the quilt as part of their vocational training. Additional squares will be added from around the world to demonstrate the continuing growth of the Alliance. The quilt will be used in the WRA's continuing advocacy on behalf of safe motherhood.

Many of the WRA's member organizations contributed to the success of the conference by providing financial support, volunteers, and staff time, and by producing materials, information resources, and publicity. The following organizations provided support for the conference: USAID, CARE, CEDPA, the Department for International Development (DFID), The MacArthur Foundation, EngenderHealth, Save the Children US, United Nations Children's Fund (UNICEF), Catholic Relief Services, The Futures Group International, Population Services International, and the World Health Organization. UNFPA, the Global Health Council, the World Bank, the Communications Consortium Media Center (CCMC), Family Care International, and the Population Council/India provided additional support and assistance in sponsoring keynote speakers and participants, hosting skills workshops, and organizing press coverage. These significant contributions illustrate not only the principles of volunteerism, collaboration, and resource sharing that are central to the WRA's philosophy and approach, but also the potential for diversified funding to support the Alliance into the future.



Photo: Angela Nasb-Mercado

Ribbon of Life Quilt unveiled during an international conference on safe motherhood best practices in October 2002

PHASE III: BUILDING CAPACITY AND IMPROVING THE ALLIANCE

Now in its fourth year, the WRA is working on expanding and improving its programs and services, both globally and at the national level, and on documenting the impact of the Alliance within member countries. By drawing on technical resources from the Global Secretariat, PVO partners, cooperative agencies, the UN, and other local, regional, and global resources, the Alliance's secretariats continue to work closely with members to facilitate capacity building and to ensure the Alliance's continued growth and effectiveness.

Building a Strong, Responsive Structure

The White Ribbon Alliance began a strategic planning process in 2002 to define the Alliance's future direction and long-term vision, goals, and strategies. To assess the views of WRA members, stakeholders, and other global health networks, the Global

In Phase III (Continuous Improvement), networks work on increasing their effectiveness in all aspects of their functioning, with an emphasis on expanding and continuously improving the quality of their programs and services and documenting their work and its impact.

Secretariat sent a questionnaire to all WRA members and conducted interviews with key stakeholders, held focus groups in four countries, and conducted extensive research and interviews with international alliances and networks. Information was collected on mission, vision, goals, and guiding principles, as well as on organizational design and benefits of a global alliance. Members were also asked for their input regarding the role of the Global Secretariat.

The information gathered through these activities supported the idea of a continued and expanded WRA, one that will continue to facilitate and expand local alliances, work in additional countries, and accommodate a larger membership.

At the end of 2002, the Alliance's steering committee was reorganized and renamed a decision-making committee. As part of the reorganization process, membership in the committee was expanded to include representatives from the field, and an election process was designed to bring new members into the committee. A small task force made up of members of the former steering committee developed clear membership categories, selection criteria, responsibilities of committee members, and a membership nomination and selection process. These guidelines were presented to and voted on by the steering committee. By engaging international members more directly in the governing and policymaking bodies, the WRA will ensure a wide representation of views and concerns at the global level.

Another important organizational decision was made in 2002. Due to the closing of NGO Networks for Health, the Global Secretariat was in need of a new host organization. The WRA steering committee selected CEDPA to serve as the Global Secretariat's transitional home until December 2005.

As the global Alliance expands and builds a stronger structure, the Global Secretariat will continue to look for ways to improve the Alliance's functions, structures, and relationships. One of the key components of this work is the exploration of "chaordic" and other innovative approaches to building meaningful global organizations and producing significant change at the local, regional, and global levels.⁶

⁶ Dee W. Hock, Founder and CEO Emeritus of VISA and Founder and President of The Chaordic Alliance, coined the term *chaordic* to mean any self-organizing, self-governing, adaptive, nonlinear, complex organism, organization, community, or system, whether physical, biological, or social, the behavior of which harmoniously blends characteristics of both chaos and order.

Documenting Impact: National Alliance Successes

At the country level, the WRA has become a force for change and a major advocate for improved maternal health services and women's rights. Alliance members have demonstrated that broad-based, multi-sectoral alliances can help make safe motherhood a priority issue for governments, NGOs, donors, and international organizations. In some countries, the WRA has been recognized by the Ministry of Health and invited to take part in influential meetings, planning committees, and other governmental discussions that directly affect maternal health and services. WRA member country initiatives have also successfully involved traditional and tribal leaders and local governments in their organizing and awareness-building activities and events. At the community level, the WRA's social mobilization efforts have resulted in visible changes in cultural beliefs and practices, and improved local leadership attitudes toward the importance of maternal and neonatal healthcare.

The following are brief examples of WRA member activities that are moving safe motherhood forward in their countries.

Ghana

In Ghana, important changes in local practices are under way in three communities as a result of alliance activities. One local practice that the communities have changed is the use of *kalogotim*, a harmful herbal substance that is traditionally administered to pregnant women. Another significant change is that a growing number of community leaders are now willing to let pregnant women seek antenatal care services before the pregnancy is officially announced, which by tradition occurs in the fifth month of pregnancy.

Indonesia

The Indonesian WRA (Pita Putih) is working with government officials to plan national approaches to improving maternal health. The alliance is also providing input on a draft health law being presented to the Indonesian parliament. This is the first time that NGOs have been invited to participate in maternal health planning at the national government level. Pita Putih has also influenced changes in district policy, such as one local government's decision to increase its budget for maternal health programs from 8 percent to 13 percent, and another local government's decision to fund delivery services. The alliance has also fostered ongoing support groups and information sharing with midwives.

In 2002, the Indonesian Ministry of Health, Ministry of Women's Affairs, and Ministry of Social Welfare renewed their support for the Indonesian WRA.

Malawi

The WRA in Malawi began its activities in August 2002. In addition to participating in the global WRA conference in New Delhi, India, in October, members of the

Malawi alliance were active in local Mother's Day events. Members have worked hard to gain publicity by initiating media outreach activities, including participating in a radio program. To help increase media coverage, members have held briefing sessions with the mayor of the city Lilongwe and the Lilongwe Rotary Club, and the Budget and Finance Committee of Parliament. Strategic planning sessions and efforts to secure future funding are being planned in preparation for the official launch of the alliance in 2003.

Vietnam

The inaugural meeting of the WRA in Vietnam (WRA/VN) was held in April 2002, and membership now includes 29 organizations and individuals and a national secretariat. Safe motherhood information, education, and communication (IEC) materials and birth preparedness packages developed by PATH and Save the Children US have been distributed by the WRA/VN, and will be used by the Vietnam Midwife Association and the Vietnam Women's Union. At the request of the Vietnam Women's Union, the alliance conducted training courses on interpersonal communication skills and use of the safe motherhood IEC and birth preparedness package for the union and alliance members. Other activities included a painting competition among children on the theme "My Mother." The winning paintings will be used for safe motherhood posters to increase awareness of safe motherhood issues in Vietnam. The WRA's field guide, *Awareness, Mobilization and Action for Safe Motherhood: A Field Guide*, has been translated into Vietnamese and distributed to members to increase outreach effectiveness.

Documenting and capturing impact at the country level is an ongoing challenge for the WRA. The process of bringing stakeholders together creates a synergy between clinical, communication, and social mobilization approaches, so measuring the impact of any one approach is difficult. The MNH Program has worked closely with the WRA to develop monitoring tools to capture the results of WRA efforts at the country level. These tools emphasize both process and outcomes. They were pretested in several countries and shared at the global conference in India.

Facilitating Member Exchanges

Alliance building often represents an entirely new way of working and thinking for the WRA's members. An approach such as the WRA's, which encourages shared ownership and leadership, a fluid decision-making process, and an emphasis on building from the grassroots level, comes with many challenges. Opening up decisions and membership to all interested individuals and organizations takes time, as does the establishment of new procedures and ways of working together.

The Global Secretariat and global Alliance members have helped to leverage resources for many activities, including attendance by representatives of national secretariats at international meetings such as the Global Health Council's annual conference and the WRA conference in India. In addition, the Global Health Council has provided space and time at its annual conference for WRA members to meet. In this way, the WRA enables members to share lessons learned, successes,

and challenges. Opportunities like these are the key to the “south-to-south” exchanges between members that have led to the rapid expansion of the WRA around the globe. Continued support from the Global Secretariat for continued capacity-building efforts at the national level ensures the vibrance and longevity of local and national alliances.

Member Contributions: The Foundation and the Future

Today the WRA has more than 200 individual and organizational members around the world. It is a diversified membership, which includes international PVOs, local NGOs, governments, UN agencies, professional associations, universities, health professionals (doctors, nurses, and midwives), students, and concerned individuals. Alliance activities are currently carried out in 23 countries. Members initiate and organize activities and events, mobilize resources and communities, and provide governments, policymakers, and local NGOs and international PVOs with an understanding of the ongoing tragedy of maternal mortality.

The membership is both the current strength of the Alliance and the key to its sustainability into the future. Members provide not only the financial, human, and material resources needed by the Alliance, but also support for and an interest in the WRA’s success.

PHASE IV: LOOKING TO THE FUTURE—CREATING A SUSTAINABLE ALLIANCE

Although the WRA is still in its continuous improvement phase, it is looking at ways to build on current momentum while building a secure future. To achieve sustainability, the Alliance will need to ensure that it has the continued commitment and contribution of its members, the ability to respond to changing needs, new and creative ways to expand network activities, and financial stability over the long term.

A key philosophy of the WRA is to create shared ownership by the members, including shared responsibility for identifying and securing needed resources. In planning for the future, the WRA has made a commitment to diversify funding at the global, national, and local levels. This process has begun at the national and local levels and is a continued priority for the Global Secretariat in 2003 and beyond. Ultimately, the Alliance’s future depends on its ability to become self-reliant, to have a diverse funding base, and to form partnerships with private foundations and multilateral and bilateral donors.

In Phase IV (Sustainability), networks are engaged in decision-making and planning to achieve long-term financial and programmatic goals.

LOOKING BACK: LESSONS LEARNED

As the WRA has grown beyond the imagination of its founding members, the Global Secretariat and international members have identified many key themes and lessons learned along the way. Although each WRA member, whether a secretariat or a small

group of individuals and organizations, was formed differently, the following lessons have been central to the success and sustainability of each.

Successful mobilization requires dynamic, dedicated leadership.

The global Alliance was initiated by a group of dedicated individuals representing various organizations. This is also the case at the country level, where alliances have been initiated and championed by dynamic individuals—some with institutional support and backing. In each country, each community, and each organization that has pursued an alliance, someone has led the charge for safe motherhood.

Invite key stakeholders to the table from the beginning of the planning process.

Each of the groups interested in starting an alliance has been careful to invite all of the key stakeholders in safe motherhood to become involved from the beginning. In addition, they have broadened the base beyond healthcare professionals by inviting others interested in related topics such as women's rights, family and community support, media, income generation programs, women's educational programs, religious groups, and the local, tribal, and community leaders (formal and informal). For example, in Malawi, the WRA members invited Malawian law enforcement officials who deal with violence against women to join and attend. The officials were excited by this opportunity and have become active members who bring new perspectives and resources to the group. In Vietnam, the Women's Union has become an important partner of the WRA in building and strengthening the alliance.

Broad-based multi-sectoral alliances are a potentially powerful force for change.

The WRA was formed on the premise that all stakeholders at all levels need to be involved in changing the environment to make pregnancy and childbirth safe for women and newborns in all countries. Partnerships are built across sectors, ensuring the cooperation and shared learning of NGO/PVOs, the public health sector, local and national governments, donors, academic and professional associations, and community-based organizations. The WRA responds to a need to harness the energy and creativity of all those working in the safe motherhood arena who have often worked at cross-purposes or were simply not aware of what others were already doing.

When opportunities are created for groups to share information, pool resources, and exchange ideas, significant change can be accomplished. In Ghana, for example, the recently established alliance includes midwives, The Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), the Ministry of Health, various religious organizations (Catholic, Muslim, and Presbyterian), international PVOs/NGOs (World Vision, Salvation Army), youth groups, and self-help associations as members. In Indonesia, the WRA includes diverse religious associations, such as the Muslim Women's Group, which have the capacity to reach women across the country, in rural and urban areas.

Create alliances that are owned by the membership and not by any one agency or group. The power of the Alliance is its members.

One of the early lessons learned in Nepal and India was that every member organization should be asked to become involved in specific tasks and no one group should receive credit or attribution on any joint products or actions of the WRA. When the WRA published its first major publication, *Awareness, Mobilization, and Action for Safe Motherhood: A Field Guide*, it was produced with contributions from several members of the global WRA. Organizations were acknowledged as contributors but not as authors or owners of this publication.

Build on what works and create a climate of trust and collaboration.

Building on existing safe motherhood initiatives, acknowledging and reinforcing their work, and creating a climate of trust are essential ingredients for the success of the WRA. At the global level, a key partner is the Safe Motherhood Inter-Agency Group, and at the national level, the WRA has often partnered with other safe motherhood initiatives. For example, prior to the establishment of the WRA in Malawi, many INGOs were already operating in the safe motherhood field and a safe motherhood network existed. Existing groups were skeptical and cautious when the WRA was initially proposed in Malawi. By being inclusive, rather than competitive, and by developing relationships one by one with the groups, the WRA earned the support of many of these organizations and their key funding agencies (e.g., DFID). Being transparent and open with the process, airing concerns or issues, and working on solutions helped to create that trust, which enabled the formation of the WRA in Malawi.

Be sure to *complement* not *compete* with members and partners. Establish a WRA so that other safe motherhood groups view it as a way to achieve greater impact and as value added to their organizations and the safe motherhood agenda.

Starting with major (or visible) events can be a beneficial mobilizing activity.

Organizing campaigns and events involves asking people to do something very specific, usually around a theme. Soon everyone wants to be involved. Be sure member organizations have clear roles and responsibilities, raise the necessary resources, and receive appropriate recognition for their input and work. Use creativity in designing educational and lobbying events. Make them fun and a good learning experience for all ages and segments of the target audience.



Photo: Rebecca Dineen

A large chalkboard promotes the WRA booth at the celebration of International Women's Day in Koupéla, Burkina Faso

Secretariats help to support collaboration and sharing of lessons among Alliance members.

Secretariats have proved to be instrumental in coordinating members, developing unified messages that are culturally sensitive and acceptable to communities and members, and keeping a focus on safe motherhood, birth preparedness, and advocacy for women's rights. Outreach to the constituencies most affected by maternal mortality is a great challenge, and the secretariat's functions ensure maximum outreach and collaboration among members.

Ensure that local, district, and national government entities are full partners and supporters of the WRA.

The recognition and involvement of national and local government officials are critical to the success of the WRA. In Koupéla, Burkina Faso, local authorities and traditional/tribal leaders lent their support to the launch of the White Ribbon Alliance on International Women's Day in 2001. The haute commissaire and the traditional village chief were responsible for mobilizing the community and government officials. The 2-day event even included a soccer match between women and local government officials.

In Ghana, the WRA was successfully launched in 10 regions of the country. Eighty-nine organizations, including NGOs, government ministries, departments and agencies, and community-based organizations collaborated in the planning and implementation of the regional launch events. The political leaders and the health management teams actively supported and participated in these regional events.

Organize and build capacity for local leadership and action.

The WRA members that are most successful are those that have taken the time to build the capacity and encourage local leadership to emerge. Even when international PVOs supported the initiation of the WRA and early activities, the focus was always on training and encouraging community members to lead the WRA.

The MNH Program, NGO Networks for Health, and CEDPA have funded the initial support of secretariats to ensure the dissemination of information and to build the leadership of the Alliance's members. Secretariats in several countries have moved or are looking to move to a local NGO to ensure sustainability and ownership at the country level. The initial capacity building and technical assistance from PVOs has been seen as crucial to start-up and building the momentum. A challenge being experienced by some WRA secretariats is how to sustain the momentum and energy once the WRA has been accepted and established.

Pool resources and share responsibility for raising funds and supporting events and activities.

India, Indonesia, Malawi, Nepal, Vietnam, Zambia, and others are all proof of the success of this philosophy. Using this approach from the beginning, the WRA

members have successfully staged major events, moved to action, and developed campaigns using members' resources, volunteers, and creativity. Members and communities build strong ownership and confidence in their abilities when they realize they have the resources and capacity to sponsor their own events and activities.

These are just a few of the lessons that the WRA secretariats and global WRA have experienced and learned. As the Alliance grows, evolves, and adapts, these key lessons learned and characteristics will continue to be expanded upon and shared.

CONCLUSION

In 1999, a group of committed “risk-taking champions” became the catalyst for action around the world.⁷ As new champions emerged to join others who were already committed and the WRA's membership grew, a movement to promote safe motherhood was ignited. With a powerful partnership, the WRA is harnessing global political and public will to move safe motherhood to the top of the global agenda.

As the WRA continues to grow and foster an open-door policy, new models and lessons learned will emerge and continue to strengthen the world's commitment to safe motherhood. The dynamic process of partnering between governments, PVOs, NGOs, technical experts, and community members will raise new questions and result in creative solutions. The isolation of communities and countries will diminish. As one member stated, “We learned we are not an island, and we do not have to work alone.”

As the Alliance embarks upon its fourth year, the Global Secretariat and national secretariats will enhance one another's ability to foster collaboration and sustain momentum to end needless maternal and newborn deaths. Like each phase before it, this phase will require patience and creativity to ensure that the voice of communities, governments, donors, PVOs, and NGOs will be heard. Resources will be leveraged and political commitment will be built through strong secretariat support, coordinated and collaborative partnerships, and an active civil society. For the future, the WRA will be led and shaped by its members' commitment to the “Call to Action” written at the WRA's conference in India. The global movement is growing, being heard, and moving into action for safe motherhood.

⁷ United Nations Children's Fund (UNICEF), Regional Office for South Asia. *Saving Women's Lives: A Call to Rights-Based Action*. (United Nations Children's Fund: Kathmandu, Nepal, 2000.) A risk-taker is “anyone who takes an action that defies the norm, the status quo. Such actions are often innovative and will drive changes that will save women's lives. Risk-taking champions of innovation and change often hold strong conviction and commitment to values-based action.”

APPENDIX

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD CALL TO ACTION

We urge you, the White Ribbon Alliance, to:

Build coalitions that create awareness, mobilize, and pressure governments, donors, providers, communities, and families to:

- ‘ ‘ **Commit** sufficient resources for the implementation of evidence-based strategies to reduce maternal and neonatal death and disabilities
- ‘ ‘ **Move** from generating demand to creating demanding, well-informed people

The White Ribbon Alliance for Safe Motherhood appeals to governments, providers, civil society, the donor community, and NGOs to:

- ‘ ‘ **Invest** in strategies and policies for safe motherhood that prioritize the poor and marginalized
- ‘ ‘ **Implement** a systems approach to Safe Motherhood—beginning with families and communities, to skilled attendance and emergency obstetric services, with supportive policies and management. *There is no such thing as a silver bullet.*
- ‘ ‘ **Foster** mutual respect, shared learning, and partnerships between indigenous and western biomedical system
- ‘ ‘ **Make** skilled attendance available for every birth whether the mother chooses to be at home or at a facility
- ‘ ‘ **Ensure** governments take up their responsibility so that skilled attendants can work:
 - 4# Where women need them most,
 - 4# In supportive technical and legal environments, and
 - 4# Where they are respected and adequately compensated
- ‘ ‘ **Prevent** unwanted pregnancy and address unsafe abortion because these continue to contribute to a significant proportion of maternal deaths
- ‘ ‘ **Provide** postpartum and essential newborn care, particularly within the first 4–6 hours, first 24 hours, and first 7 days after every birth
- ‘ ‘ **Address** the effects of HIV/AIDS, armed conflict, violence against women, and gender inequities on safe motherhood
- ‘ ‘ **Support** adolescents, their families, and communities to delay marriage and first birth and address the special needs of pregnant adolescents
- ‘ ‘ **Involve** men as responsible participants in safe motherhood
- ‘ ‘ **Document and disseminate** systematically and rigorously experiences and evidence for moving towards global safe motherhood

Safe Motherhood is the right of every woman. ACT NOW!

The white ribbon is dedicated to the memory of all women who have died in pregnancy and childbirth. Worldwide, every minute of every day, a woman dies of pregnancy-related complications—nearly 600,000 women each year.

www.whiteribbonalliance.org